on the receptors involved.

The third chapter begins with a very nice illustration of the combined action of the serotonin and norepinephrine reuptake blocker, venlafaxine. Stahl very effectively compares and contrasts venlafaxine to SSRIs and tricyclics based on receptor mechanisms and clinical response. This chapter also includes the mechanism of action of mirtazapine, an alpha 2 antagonist which is not currently available in Canada, building on the principles discussed in the first two chapters. The mechanism of nefazodone and trazodone, serotonin reuptake inhibitors along with a serotonin 2 antagonists, is reviewed to understand how they work to increase serotonin transmission. He then very briefly describes possible mechanisms of action of the mood stabilizers including lithium, carbamazepine, valproic acid, topiramate and gabapentin.

The last half of the third chapter describes the mechanisms for augmenting antidepressant treatment using lithium, thyroid hormone and buspirone and rationales for combining antidepressants in treatment resistant patients. This section gives logical explanations based on mechanisms of action for combining drugs for maximal benefit.

Overall, this was an excellent text for explaining mechanisms of drug action. It gives the reader an understanding of the interaction between neurotransmitters and receptors, and helps the clinician to make informed decisions on which antidepressant, or combination of antidepressants would work best. Although it is more theoretical rather than practical, it is essential knowledge for a psychiatrist prescribing these drugs. Stahl has effectively outlined the mechanisms responsible for the therapeutic actions and side effects of each drug in an easily understood fashion. This is a must read!

Jennifer Couturier MD University of Western Ontario

Bad Boys: Bad Men: Confronting Antisocial Personality Disorder.

Donald W. Black with C. Lindon Larson. Oxford University Press, Don Mills, Canada. 1999. 240 pages. Paperback. \$22.95 Cdn.

With this book, Donald Black and C. L. Larson attempt to publicize and clarify antisocial personality disorder and the intricate relationships between the disorder, criminality and frequently comorbid psychiatric disorders such as substance abuse and depression.

The book is successful in providing a thorough review of the vexing problem of antisocial personality disorder and the evolution of medical and psychiatric thought regarding the disorder. An historical account, through Manie Sans Delire, Moral Insanity, psychopathy and sociopathy, as the disorder evolved through medical literature, provided an excellent background.

The high prevalence of the disorder, the ease with which it is rationalized and the great human and economic costs are well presented.

The chapter on etiology "The seeds of despair" is a particularly informative resource on the possible biological underpinnings of the disorder. The book does well in identifying psychosocial factors that play a role in the genesis of this disorder.

The authors are successful in explaining neurochemical concepts such as "the serotonin story" in a readable and understandable style valued both by mental health professionals who may need a review of this topic, and lay people.

The use of case histories in explaining the origins, diagnosis, possible treatments and natural history of antisocial personality disorder is particularly effective.

The book, unfortunately, does not emphasize enough the value of early prevention of conduct disorders as the most long lasting and likely successful intervention. Spotty mention is made of the continuity of pathology from childhood to adulthood as the title "Bad Boys: Bad Men" suggests but this is not continuously done through the text.

The chapter on serial murderers is helpful to the reader in explaining that most murderers are not psychotic as popular myth suggests and that many are antisocial personality disorders who are legally competent to stand trial.

In an attempt to provide solutions for an eternally vexing problem that defies an easy answer, Chapter 10 provides a list of specific questions and answers for antisocial personality disorder patients and their families. It describes well the scope of the disorder and the cost to families such as domestic abuse and aftermath of substance abuse disorders. It seems unlikely that most individuals with an antisocial personality disorder would be motivated to read anything like this but, for families, this list is certainly useful.

Any clinician who has encountered antisocial personality disorder may find the list reflects perpetual therapeutic optimism, which is often misguided in these patients. It may provide false hope to patients' family members and novice therapists.

Overall, this book is highly recommended as an up to date resource on antisocial personality disorder. It could be improved with a chapter on research supporting the positive outcomes available from studies on prevention strategies for conduct disorders in preadolescent patients. This would be of great value to patients, teachers and also policy makers.

T. P. M. Ulzen MD, FRCPC Greenville, North Carolina

All about A.D.D.; Understanding Attention Deficit Disorder.

Mark Selikowitz. Oxford University Press, Australia.1995. 199 pages. Paperback \$39.95 Cdn.

This interesting book was first published in 1995 and reprinted in 1996 and 1997. Dr Selkowitz, an Australian developmental consultant pediatrician, intends to reach a wide audience of parents, teachers, doctors, psychologists and therapists who work with children with attention deficit disorder. The major aim of the book seems to be to "reappraise" ADD, so that developmental interpretations can be offered.

The book follows a set format in all six sections. There are two additional chapters: Conclusion and Appendix that stand on their own. Each section reviews a specific symptom, management strategy, or aspect of children with ADD and explains it in very simple terms, concluding with "Summary Points." These sections build up a logical sequence in explaining ADD, an approach that one would expect from a developmental pediatrician.